



Account ID _____

This form is for: _____

(Reporting period)

Form ST-1 is due on or before the 20th day of the month following the end of the reporting period.

You must round your figures to whole dollars. (See instructions.)

Step 1: Alcoholic Liquor Purchases (See instructions.)

If you are not required to report your purchases, go to Step 2.

Note: Distributors will also report your total purchases to us.**A** Total dollar amount of alcoholic liquor purchased
(invoiced and delivered) _____**Step 2: Taxable Receipts**

1 Total receipts (Include tax.)	1 _____
2 Deductions - include tax collected (From Schedule A, Line 29.)	2 _____
3 Taxable receipts (Subtract Line 2 from Line 1.)	3 _____

Step 3: Tax on Receipts

Sales from locations within Illinois

General merchandise

4a _____ x _____ = **4b** _____
(rate)

Food, drugs, and medical appliances

5a _____ x _____ = **5b** _____
(rate)

Sales from locations outside Illinois

General merchandise

6a _____ x .0625 = **6b** _____

Food, drugs, and medical appliances

7a _____ x .01 = **7b** _____

Sales at prior rates

Receipts taxed at other rates

8a _____ x _____ = **8b** _____
(rate)**9** Tax due on receipts(Add Lines 4b, 5b, 6b, 7b, and 8b.) **9** _____**Step 4: Retailer's Discount and Net Tax on Receipts****10** If you filed and paid by the due date,
multiply Line 9 by 1.75% (.0175). **10** _____**11** Net tax due on receipts
(Subtract Line 10 from Line 9.) **11** _____**Step 5: Tax on Purchases**

General merchandise

12a _____ x .0625 = **12b** _____

Food, drugs, and medical appliances

13a _____ x .01 = **13b** _____

Purchases at other rates

14a _____ **14b** _____**15** Tax due on purchases(Add Lines 12b, 13b, and 14b.) **15** _____**Step 6: Net Tax Due****16** Tax due from receipts and purchases(Add Lines 11 and 15.) **16** _____**16a** Manufacturer's Purchase Credit(See instructions.) **16a** _____**17** Prepaid sales tax(Attach PST-2 copy A.) **17** _____**18** Quarter-monthly payments(Paid on Form RR-3 or by EFT) **18** _____**19** Total prepayments(Add Lines 16a, 17, and 18.) **19** _____**20** Net tax due(Subtract Line 19 from Line 16.) **20** _____**Step 7: Payment Due****21** E911 Surcharge(From Schedule B, Line 10.) **21** _____**22** Excess tax and excess surcharge collected(See instructions.) **22** _____**23** Total tax and surcharge due(Add Lines 20, 21 and 22.) **23** _____**24** Credit amount(See instructions.) **24** _____**25** Payment due(Subtract Line 24 from Line 23.) **25** _____**Step 8: Sign Below**

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true and correct. The information in this return is taken from the records of the business for which it is filed.

Taxpayer

Phone

Date

Preparer

Phone

Date

Mailing address _____

Owner's name _____

Business name _____

Business address _____

Write your check and send your payment to

ILLINOIS DEPARTMENT OF REVENUE
RETAILERS' OCCUPATION TAX
SPRINGFIELD IL 62796-0001**Try filing electronically!****ST-1** (R-9/11)Use this form **only** if a preprinted form is not available.

Account ID:

This form is for:

Schedule A — Deductions**Section 1: Taxes and miscellaneous deductions - If no Section 1 deductions, go to Section 2.**

1	Taxes collected on general merchandise sales and service	1	_____
2	Taxes collected on food, drugs, and medical appliances sales and service	2	_____
3	E911 surcharge collected	3	_____
4	Resale	• 4	_____
5	Interstate commerce	• 5	_____
6	Manufacturing machinery and equipment (including photoprocessing)	• 6	_____
7	Farm machinery and equipment	• 7	_____
8	Graphic arts machinery and equipment	• 8	_____
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	• 9	_____
10	Enterprise zone		
	a Sales of building materials	• 10a	_____
	b Sales of items other than building materials	• 10b	_____
11	High impact business		
	a Sales of building materials	• 11a	_____
	b Sales of items other than building materials	• 11b	_____
12	River edge redevelopment zone building materials	• 12	_____
13	Exempt organizations	• 13	_____
14	Sales of service - identify here _____	14	_____
15	Other (including cash refunds, newspapers and magazines, etc.) - identify below _____	15	_____
16	Total Section 1 deductions. Add Lines 1 through 15.	16	_____

Section 2: Motor fuel deductions - If no Section 2 deductions, go to Section 3.

<u>State motor fuel tax</u>		<u>Number of gallons</u>	<u>Rate</u>		
17	Gasoline	17a	_____	x 19¢ =	17b
18	Gasohol and majority blended ethanol	18a	_____	x 19¢ =	18b
19	Diesel (including biodiesel and biodiesel blends)	19a	_____	x 21.5¢ =	19b
20	Dieselhol	20a	_____	x 21.5¢ =	20b
21	Other special fuels	21a	_____	x 19¢ =	21b
<u>Specific fuels sales tax exemption</u>		<u>Receipts</u>	<u>Percentage</u>		
22	Gasohol	22a	_____	x 20% (.20) =	22b
23	Biodiesel blend (90 - 99 percent petroleum-based product)	23a	_____	x 20% (.20) =	23b
24	Biodiesel blend (1- 89 percent petroleum-based product)	24a	_____	x 100% (1.00) =	24b
25	100 percent biodiesel	25a	_____	x 100% (1.00) =	25b
26	Majority blended ethanol fuel	26a	_____	x 100% (1.00) =	26b
27	Other motor fuel deductions _____				27
28	Total Section 2 deductions. Add Lines 17b through 26b and 27.				28

Section 3: Total deductions

29 Add Lines 16 and 28. Write this amount on Step 2, Line 2 on the front page of this return. ➔ 29 _____

Schedule B — E911 Surcharge

1 Receipts from retail transactions of prepaid wireless telecommunications service
Do not include E911 Surcharge collected from customers or receipts from exempt sales. 1 _____

Figure your breakdown of retail transactions for Chicago locations

2	For Chicago locations	2a	_____	x .0700 =	2b
3	For Chicago locations at prior rates	3a	_____	x _____ =	3b
4	Total E911 Surcharge for Chicago. Add Lines 2b and 3b.				4

Figure your breakdown of retail transactions for non-Chicago locations

5	For non-Chicago locations	5a	_____	x .0150 =	5b
6	For non-Chicago locations at prior rates	6a	_____	x _____ =	6b
7	Total E911 Surcharge for non-Chicago locations. Add Lines 5b and 6b.				7

Figure your net E911 Surcharge

8	Total E911 Surcharge. Add Lines 4 and 7.				8
9	If you filed and paid by the due date, multiply Line 8 by 5% (.05).				9
10	Subtract Line 9 from Line 8. Write this amount on Step 7, Line 21.				10

